Many hearts. Many minds. One goal.

REPORT TO THE COMMUNITY 1998-2000

Cancer Care Nova Scotia

Cancer Care Nova Scotia
chose the mayflower as its
emblem in honour of its resilience
and deep roots in Nova Scotia's
history and culture.
The mayflower blooms
amid the last snows of winter,
facing whatever comes its way
with grace and strength.

This first 'Report to the Community' presents a sample of ***Cancer Care Nova Scotia's*** *activities and achievements from its inception in September 1998 to the end of 2000.*

Our Challenge

Cancer cases are increasing everywhere. Projections show that the number of new cancer cases in Canada will increase by 20 percent over the next five years, and by 40 percent over the next ten years.

Nova Scotia faces a serious cancer challenge. Right now, we have among the highest rates of new cancer cases, and cancer deaths, in Canada.

Cancer is common in older people. A large proportion of Nova Scotia's population will enter the 60-plus age group over the next 20 years. This will push the incidence of cancer in the province higher still.

Other provinces have lower cancer rates. On average, Nova Scotians are less active, more overweight, and more likely to smoke. This makes us more prone to cancer and other chronic diseases.

More than 24,000 Nova Scotians are living with cancer; 5000 new cases are diagnosed each year. Professionals, volunteers, family and friends are working tirelessly to care for them.

Nova Scotia's health care system must care for the needs of cancer patients today and in the future, but resources are limited. A co-ordinated, co-operative effort is required to give the best possible care and make the best use of finite resources.

The Government of Nova Scotia established
Cancer Care Nova Scotia
to meet the cancer challenge head on.

102-05262/

Our Vision

Cancer Care Nova Scotia will draw people together to shape a common vision and work with each other to reduce the impact of cancer in every corner of the province.

Cancer Care Nova Scotia will work with others and build on existing strengths to create a compassionate cancer system that puts the needs of patients and families first.

Cancer Care Nova Scotia will help patients by providing them with more information, more guidance through the system, and access to more support services.

Cancer Care Nova Scotia will improve the quality of patient care by setting high standards, and by educating health professionals about best practices and advances in cancer care.

Cancer Care Nova Scotia will strive to reduce cancer rates by promoting healthy lifestyles and healthy public policy, and to reduce cancer's toll by promoting screening and early detection.

Cancer Care Nova Scotia will foster a vibrant research community to attract top clinicians and scientists to meet the demand for clinical service and raise the quality of care through research.

It is our vision that all Nova Scotians diagnosed with cancer, together with family, friends, and community, will find all aspects of cancer treatment and care excellent in quality, professional in delivery, compassionate in focus, and caring in spirit.

More Cancer Specialists for Nova Scotia

At a time when cancer specialists are in short supply and high demand across North America, Nova Scotia has more cancer specialists than ever before.

Since 1998, eighteen specialists in the fields of medical oncology, surgical oncology, radiation oncology, hematology, and palliative medicine have chosen to practice in Nova Scotia. This successful recruitment drive by the Department of Health, QEII Health Sciences Centre, Dalhousie Medical School, and ***Cancer Care Nova Scotia*** was a major accomplishment.

"We feel Nova Scotia offers us just about everything - a high quality clinical practice, plenty of opportunity for clinical research, and a great environment to raise children," says Dr. Lori Wood, a medical oncologist who came to the QEII from the MD Anderson Cancer Center in Houston, Texas. Her husband, Dr. Geoff Porter, also left the MD Anderson Cancer Center to join the QEII as a surgical oncologist. "As Canadians, we were excited to return to Canada and make Nova Scotia our new home."

With this many specialists in place, Nova Scotians can expect better service from the cancer system. "Now that we have a full complement of medical oncologists at the cancer centres, we've reduced wait times and can consider expanding our outreach presence," says Dr. Len Reyno, new Head of the Division of Medical Oncology at the QEII.

Before the cancer centres were fully staffed, three doctors handled medical oncology duties for the province. "Drs. Bruce Colwell, Mimi Davis and Ron MacCormick provided exceptional care in a time of severe shortage," says Dr. Andrew Padmos, Commissioner of ***Cancer Care Nova Scotia***.

With more specialists in the system, there is now a greater capacity to conduct clinical research, and to train cancer doctors locally to meet the growing demand.

New Recruits to Nova Scotia's Cancer System

*Working together, Dalhousie Medical School, the QEII Health Sciences Centre, the Cape Breton Cancer Centre, **Cancer Care Nova Scotia** and the Nova Scotia Department of Health, have recruited eighteen highly qualified cancer specialists to the province since 1998:*

Medical Oncology:
Dr. Len Reyno (Division Head)
Dr. Mark Dorreen
Dr. Michael Goodyear
Dr. Rajbir Pahil
Dr. Daniel Rayson
Dr. Lori Wood

Surgical Oncology:
Dr. Carmen Giacomantonio
Dr. Pierre Karakiewicz
Dr. Vivek Mehta
Dr. Geoff Porter

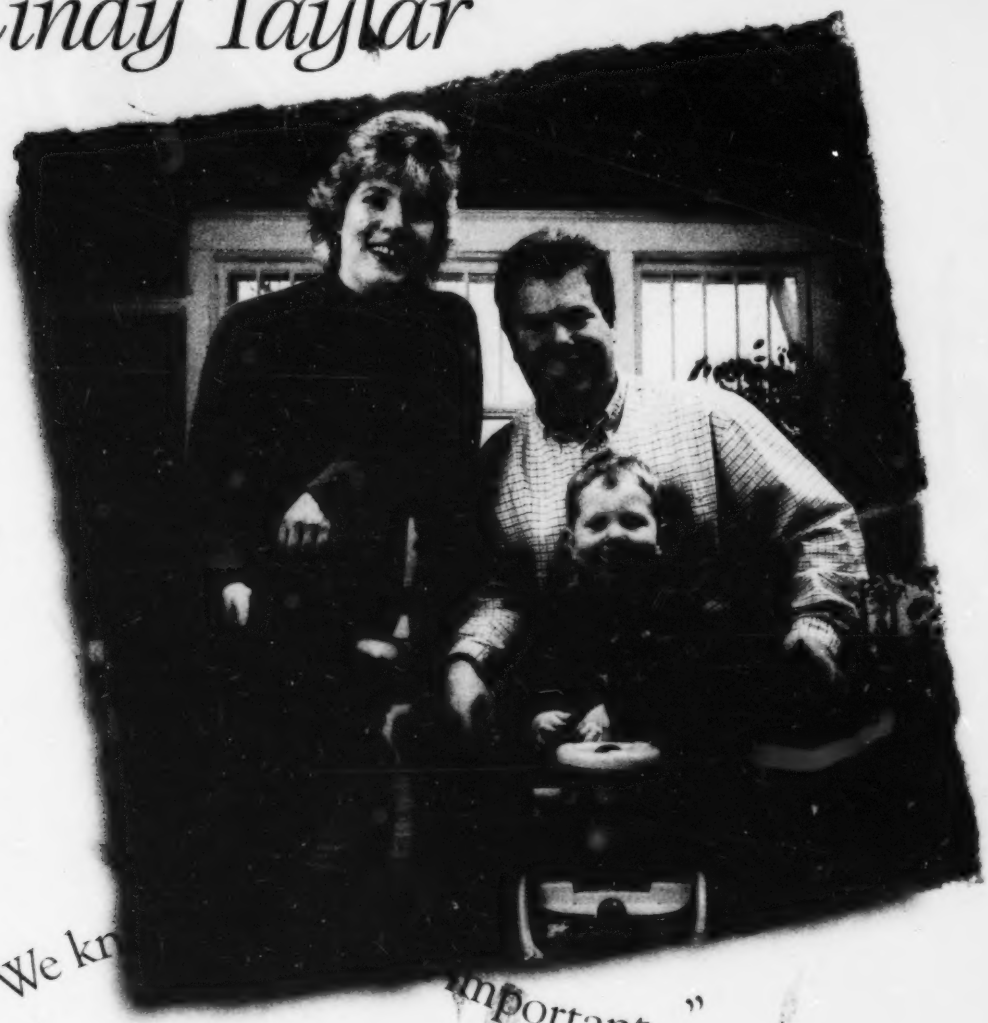
Radiation Oncology:
Dr. Wladyslawa Cwajna
Dr. Dorianne Rheaume
Dr. Derek Wilkie

Hematology:
Dr. Donna Forrest
Dr. Bonnie McCarron
Dr. Darrell White

Palliative Medicine:
Dr. David Duperé
Dr. Ken Johnson

Shown here from left to right are medical oncologists: Dr. Lori Wood, Dr. Len Reyno and Dr. Bruce Colwell

Cindy Taylar



"We kn[illegible] important..."

Just as she was settling into life with her new son, Riley, Cindy Taylar was jolted out of maternal bliss into terror, with a diagnosis of malignant melanoma. She had known there was something strange about that mole on her arm – it had grown back after being first surgically removed then cauterized – yet two family doctors had not suspected cancer. The surgeon she saw to remove it once and for all took one look and said "That's cancerous..." A biopsy confirmed his suspicions and Cindy's life turned upside down.

Melanoma is unpredictable. Even after a malignancy is removed, the cancer can come back, in another mole or anywhere in the body. "I'm becoming braver and braver, I'm learning to live with it," Cindy says, two years after the diagnosis and subsequent surgeries. "I've also learned to trust my instincts, to question everything, and demand answers."

Cindy's husband Paul carried a heavy load throughout the ordeal, quelling his own fears to care for Cindy and their baby. "Almost every day was overwhelming," he says, describing how he learned to change her bandages, and give her interferon injections three times a week for eight months.

The Taylars made it through the treatments, and Riley is a happy, healthy toddler. Cindy is scanned for tumours every six months, and she and Paul check her moles regularly, looking for changes. "I live every day like it's my last," says Cindy. "We know what's most important... family life comes first."

Quality

Cancer Site Teams
Set High Standards for Care

A sports team is made up of athletes who are all strong in the same game, but who bring their own expertise to different positions. It's much the same with the Cancer Site Teams.

Cancer Site Teams include many kinds of health professionals, such as doctors, nurses, and pharmacists. They each have unique strengths, but share a common interest and commitment to one type of cancer, or 'cancer site'. The fourteen Cancer Site Teams are working on standards and clinical practice guidelines for each type of cancer that will ensure all Nova Scotians receive top notch care.

The Breast Cancer Site Team has blazed the trail. Already it's engaging physicians and surgeons around the province, and patients routinely benefit from its team-based decision-making. Several other site teams, Thoracic, Gastrointestinal, and Hematology, are close behind. As more teams push forward and recruit members from communities across the province, the Cancer Site Teams will play a key role in putting patients at the centre of cancer care in Nova Scotia.

In addition to raising the bar on quality system-wide, the Cancer Site Teams play a major role in cancer care on a patient-by-patient basis. "We meet regularly to talk about current cases and treatment plans," says Dr. Daniel Rayson, co-chair of the Breast Cancer Site Team. "This way, everyone involved in a patient's care works together with other experts in that type of cancer to provide the best possible treatment."

The Supportive Care Site Team is the team that spans all kinds of cancer. This team identifies the support services that will help each person cope with his or her cancer, and makes sure that each person has access to those services. "We're seeking input from professionals in medical supportive care, pastoral care, palliative care, social work, psychology, and other fields, so we can look after the needs of every patient," says team chair Dr. Mark Dorreen.

Cancer Site Teams

*With leadership and support from **Cancer Care Nova Scotia**, fourteen Cancer Site Teams are now in place:*

- *Breast*
- *Gastrointestinal*
- *Genitourinary/Prostate*
- *Gynecological*
- *Head and Neck*
- *Leukemia*
- *Lymphoma*
- *Musculoskeletal*
- *Neurological*
- *Pediatric Oncology*
- *Skin/Melanoma*
- *Supportive Care*
- *Thoracic*
- *Endocrine*

Professionals involved in the site teams include:

- *medical oncologists*
- *surgeons and surgical oncologists*
- *radiation oncologists*
- *radiation therapists*
- *hematologists*
- *gynecologists*
- *nurses and research nurses*
- *pharmacists*
- *pathologists*
- *dietitians*
- *social workers*
- *psychologists*
- *patient advocates*
- *radiologists*

---

*For more information about the Cancer Site Teams and other quality improvement initiatives, contact Jill Petrella, **CCNS** Quality Co-ordinator:*

Phone: (902) 473-2936
Email: ccjtp@qe2-hsc.ns.ca

Steve Benton

"We have ... forward..."

Even though he no longer makes his living charging up and down a basketball court as he once did as a Halifax Windjammer, 34-year-old Steve Benton hasn't slackened his pace a bit. In fact, he's a key player in a full court press against a much greater foe than any rival team – prostate cancer.

For reasons researchers are still trying to fathom, prostate cancer is two to three times more fatal to Black men than other men. That's why Steve Benton now devotes hours every week to educating Black men about their heightened risk for prostate cancer, and how they can protect themselves. "When dealing with this monster of a disease called cancer, we have to attack it just like it attacks us," he says. "And as Black men, we have to be part of the solution."

Steve, a husband and father of two, works full-time with special needs kids for the Halifax Regional School Board. He is a founding member of the African Male Health Network, and is its chief liaison with the Nova Scotia Division of the Canadian Cancer Society. Formed early in 2000 with partial funding from the National Prostate Cancer Group, the network's first priority is to fight prostate cancer by arming Black men with information about prevention through diet and exercise, and about early screening through PSA (prostate-specific antigen) testing. They also plan to seek funding to hire staff and conduct research. "We have to keep moving forward," says Steve. "We want to build a concrete establishment to seriously address this epidemic in our community."

For more information about the African Male Health Network, Steven Benton can be contacted at ***bentonsteven@hotmail.com*** *or* ***(902) 876-1185.***

Co-ordination

District Approach Takes Cancer Care Into Communities

Cancer patients outside urban areas live with the added stress of traveling long distances to get the care they need. A new approach to the delivery of cancer services will reduce this travel burden, by supporting cancer care in communities. Called the District Cancer Program, this approach will ensure that all Nova Scotians have access to the same high quality care, no matter where they live.

The Catalyst for Change

The District Cancer Program is the catalyst that will transform Nova Scotia's cancer system – from essentially a centralized system, to one that works with communities to develop and deliver services locally. Once in place, the programs will follow a provincial framework of standards and support for local services.

The three cancer centres located at the QEII Health Sciences Centre, the Cape Breton Healthcare Complex and the IWK Health Centre will anchor the new system. These tertiary centres will provide assessment, care planning, treatment, and follow-up, on-site or through outreach clinics. District Cancer Programs in each health district will provide a range of cancer services and programs, including prevention, screening, diagnosis, some types of treatment, rehabilitation, and palliation. Meanwhile, ***Cancer Care Nova Scotia*** will provide leadership and co-ordination to the cancer system as a whole.

"Each District Cancer Program will be responsible for providing core services and upholding high standards of care," says Jill Petrella, Quality Co-ordinator for ***Cancer Care Nova Scotia***. "They will also have the flexibility to tailor services to meet the needs of their communities."

Cancer Care Nova Scotia is working with care providers, patients, survivors, volunteers, and community members across the province to fine tune the model for the District Cancer Program. More than 100 stakeholders met in June 2000 at a roundtable discussion, 'Cancer Care in our Communities.' Following the roundtable, **CCNS's** Jill Petrella and Larry Broadfield met with key people in every district to talk about first steps and action plans.

Standardizing Drug Therapies

One of the first priorities is to standardize chemotherapy treatments across the province. This is the goal of the Provincial Managed Systemic Therapy Program.

"We're working on standards for chemotherapy treatments, and guidelines to define which treatments should be given in a regional or community hospital, and which can be given in a clinic, doctor's office, or home setting," says Larry Broadfield, an oncology pharmacist who heads the Provincial Managed Systemic Therapy Program. "Our goal is to make the gold standard treatments available to everyone, regardless of where they live."

"It's also the community that's caring for you."

Joanne Cumminger, oncology nurse, Aberdeen [illegible], New Glasgow

Community Care Makes a Difference

The very process of shaping the District Cancer Program is already making a difference, according to Joanne Cumminger, an oncology nurse at the Aberdeen Oncology Clinic in New Glasgow. "Canadian Cancer Society volunteers, palliative care volunteers, support groups, pharmacists, home care nurses, all these people and many others are being brought into the loop and it's changing the face of cancer care," she says. "Instead of being an isolated department in a hospital, cancer care is being taken into the communities so, as a cancer patient, it's also the community that's caring for you. And the community people feel validated in their roles – they're enthusiastic and optimistic."

The District Cancer Program will also help streamline communication and clarify roles among family doctors, cancer specialists, and other caregivers, says Dr. Shelagh Leahey, a family physician who is Chief of Staff at the Yarmouth Regional Hospital and a member of the ***Cancer Care Nova Scotia*** Board. "The model provides us with a roadmap and directions for the provision of a complete range of cancer services province-wide," she says. "If it unfolds as written, things will improve dramatically."

Outreach Oncology Clinics Open in Three Communities

Cancer patients in Yarmouth, Antigonish, New Glasgow, and neighbouring communities can now receive more of the care they need without making regular trips to Halifax or Sydney. Medical oncologists from the QEII Health Sciences Centre and Cape Breton Cancer Centre have been making monthly visits to outreach oncology clinics in these communities since the spring of 2000, monitoring current patients and seeing new patients for assessment and care planning.

"Bringing the oncologists into the communities makes a big difference," says Joanne Cumminger, oncology nurse at the Aberdeen Oncology Clinic in New Glasgow. "Patients feel safer among familiar surroundings and faces; they seem more accepting of the treatments and more optimistic about their chances."

Provincial Surgical Oncology Network

***Cancer Care Nova Scotia** is in the early stages of developing a Provincial Surgical Oncology Network. To provide a forum for surgeons across the province and to develop clinical guidelines, it will also serve as a resource for information about advances in the surgical treatment of cancer, research, and continuing education.*

For more information about the Provincial Surgical Oncology Network, contact Co-ordinator Brenda Sabo:

Phone: (902) 473-7375 or
Email: ccbs@qe2-hsc.ns.ca

*For more information about the District Cancer Program, contact Jill Petrella, **CCNS** Quality Co-ordinator:*

Phone: (902) 473-2936 or
Email: ccjtp@qe2-hsc.ns.ca

Navigation

Helping Patients
Navigate the Cancer System

Even the long halls of a cancer centre can be daunting for newly diagnosed cancer patients – not to mention new medical terms, treatment options, and adjusting to life with cancer.

From the start, the ***Cancer Care Nova Scotia*** Board was concerned about helping patients make their way through a complex system. One of its first steps was to form a Patient Navigation Working Group. "We knew we had to better understand the magnitude of the cancer journey," says Judith Fuller, a registered nurse who chairs the working group. "We had to find out what the milestones are and how we can help break down roadblocks."

To learn more, ***Cancer Care Nova Scotia*** conducted focus groups with patients, survivors, family members and health professionals. Participants spoke eloquently of their experiences, sharing their hopes and ideas for an improved system and a smoother road to travel.

This research, conducted in the spring of 2000, revealed that patients and their families are generally satisfied with their medical care while they are in the cancer system. Not surprisingly, they suffer anxiety in the diagnosis phase because they receive little support at that time, and wish their family physicians could play a more active role in their cancer care. They need more information about their type of cancer, their treatment options, and emotional, spiritual and financial support services. Many wanted someone to talk to who had 'been there.'

Dianna Schreuer has been there. She has survived breast cancer twice. She is also the first formal Patient Navigator in Nova Scotia's cancer system. Diana's role with the Nova Scotia Breast Screening Program is to guide and support women with breast cancer as they journey from pre-diagnosis to treatment. "I do a lot of interpreting for people, helping them understand medical terminology and sort out their options," she says. "Patients say talking to me makes them feel more at ease."

Cancer Care Nova Scotia is working together with African Nova Scotians to learn about their unique experiences in the cancer system. Over the next year, CCNS will work with African Nova Scotian communities and other stakeholders to explore ways to make the cancer journey a bit easier for cancer patients.

Knowledge is Power

For cancer patients, their friends and their families, knowledge can mean power – the power to understand what's happening physically, the power to cope, and the power to navigate the cancer system. Most importantly, knowledge can lessen fears.

*With support from **CCNS**, the QEII Cancer Care Program has launched the Patient Orientation and Information Task Force. Its mandate is to produce quality information for cancer patients across the province. Many community hospitals are now using the task force's first information package which helps people understand their cancer. A second package, for newly diagnosed patients, will be ready this spring.*

*For men newly diagnosed with prostate cancer, the Reef Knot Project offers information specific to their disease, similar to the type of information that women with breast cancer found so helpful from the "Nova Scotian grown" Pink Rose Project. The Reef Knot Project is a collaborative effort of the Canadian Cancer Society, the Canadian Prostate Cancer Network, the Halifax Regional Prostate Cancer Support Group Society, the QEII Health Sciences Centre and **CCNS**. Working together to give power to patients through knowledge is a key focus for **CCNS**.*

---

*For more information, contact Anne Murray, **CCNS** Education Co-ordinator:*

Phone: (902) 473-3781 or
Email: ccavm@qe2-hsc.ns.ca

Andrew Winchester

"I've learned you can learn a lot from a child."

When Andrew Winchester started feeling listless early in the summer of 1998, his mother Nancy felt, deep inside, that it was leukemia. A series of tests over the following weeks proved her instincts right, and the Winchesters' journey with cancer began. Andrew was only eight at the time, and faced three years and two months of chemotherapy to send the disease into remission.

"It's a journey we've had to take one step at a time," says Nancy . "Some days we'd say 'let's just try to get through this day without crying.'"

Andrew receives monthly treatments at the oncology clinic near his home in Yarmouth, then travels to Halifax for treatment at the IWK Health Centre every third month.

"The nurses are really nice," he says. "That helps a lot." The family is also being helped by the Canadian Cancer Society, which has been covering their gas expenses, and by Ronald McDonald House, which has become their home away from home.

Reflecting on their experiences as they begin the countdown to Andrew's final treatment, Nancy says, "A lot of things have happened to our family since we got cancer, and not all of them have been bad. We've found inner strength we didn't know we had, and I've learned that you can learn a lot from a child. The depth of the bond we've developed through this is just incredible...it means so much to us."

Education

New Education Programs Will Improve Quality of Care

Not a day goes by without news of another advance in cancer care. For people working in the field, keeping up is a challenge. ***Cancer Care Nova Scotia*** is making that easier by bringing together an Education Advisory Group to plan oncology education programs for professionals in all disciplines.

"People working with cancer patients have a strong desire to provide the best care possible," says Anne Murray, Education Co-ordinator for ***Cancer Care Nova Scotia***. "What we want to do is make regular upgrading easy for them by offering what they need, where and when they need it."

Cancer Care Nova Scotia has started to ask nurses in family practice, hospital and home care settings what information they need for their practice, and what learning format would best suit their schedules and working lives.

Dalhousie University's Continuing Medical Education department is working with ***Cancer Care Nova Scotia*** to ask family physicians similar questions. Two levels of training are under consideration.

"We're looking at a brief refresher course for most family physicians, and an intensive program for doctors who want to be a cancer resource in their district," says Dr. Shaun MacCormick, a family physician who sits on the advisory group. "With this specific training, they in turn would be able to help other professionals with prevention, diagnosis, treatment, and supportive care, in short, a wide range of cancer services."

Cancer Care Nova Scotia is securing the future of cancer care by making sure the province can produce its own highly trained specialists. Offering incentives, such as summer studentship grants, is one key strategy for attracting new talent to the field. ***Cancer Care Nova Scotia*** launched its Summer Studentship Program in 2000. In the first year, twelve undergraduate students in the health professions and biomedical sciences received a total of $50,000 to support summer work in research labs and cancer clinics. Several are now seriously considering oncology as a profession.

Residency training programs in the specialties of medical oncology and palliative care at Dalhousie University's Faculty of Medicine are planned to open soon, helping to secure a future supply of these key specialists.

Cape Breton Conferences Highlight Challenges and Achievements

Fall in Cape Breton is attracting Maritime cancer professionals for more than the beauty of the foliage. Since 1998, the annual Cape Breton Cancer Symposium has been a source of valuable information for health professionals, patients, families, volunteers, and others.

*Led by the Cape Breton Cancer Centre and aided by **Cancer Care Nova Scotia**, this annual conference highlights new developments and challenges at every stage of cancer care.*

***1998** – The first symposium celebrated the opening of the Cape Breton Cancer Centre and its state-of-the-art radiation therapy facilities. Scientific sessions focused on melanoma, lung cancer, and digestive system malignancies.*

***1999** – The second annual symposium zeroed in on breast cancer, looking at new screening and prevention approaches for high risk women, new treatments, continuing care, and many other topics.*

***2000** – Lung cancer and smoking took centre stage at the third annual symposium. Sessions covered costs of tobacco and tobacco control issues, as well as the detection and treatment of lung cancer.*

*For more information about professional education, contact Anne Murray, **CCNS** Education Co- ordinator:*

Phone: (902) 473-3781 or
Email: ccavm@qe2-hsc.ns.ca

Lynn Baechler

"I feel a sense of [illegible] this work..."

Hydrogeologist Lynn Baechler spends much of her time out in the elements, assessing potential water supplies and overseeing construction of wells. Every Friday morning, though, she leaves the rocks and her reports, and turns every ounce of her attention to people. Lynn is a palliative care volunteer at the Cape Breton Regional Hospital, where she spends a lot of time with cancer patients.

"I feel a sense of purpose in this work," Lynn says. "I walk into the hospital and my mind becomes focused and calm. I forget all my other cares and responsibilities."

Lynn works the personal care shift. "I do all sorts of things for people, like helping them wash their face and brush their hair. I also write letters, and I'm helping one man with his genealogy," she says. "And even though my hands are rough from working in the weather, the patients still seem to enjoy my back rubs and foot massages." Important as the things she does are, she knows what matters most is simply being there for them.

"I'm amazed and humbled by people's gratitude," she says. "The saying goes that it's better to give than to receive. But every time a patient allows me to do something for them, they give me a great gift. I hope I will learn to receive as graciously, when I need someone to help me."

Alliance Takes Action for Healthy Eating & Active Living

Times have changed. Where once children played outside for hours on end, it seems that now video games have all but replaced jump rope and road hockey. Like many health organizations, ***Cancer Care Nova Scotia*** sees children's inactivity as a real concern – especially when combined with too many high-fat and sugary foods. Kids are the first priority of a new province-wide alliance to promote healthy eating and active living.

"We know that healthy eating and active living can help prevent, not just cancer, but other major diseases such as heart disease and diabetes," says Karen Pyra, Prevention Co-ordinator for ***Cancer Care Nova Scotia***. "We also know the reasons people have unhealthy lifestyles are complex and can't be changed overnight. It's a very long term goal. By starting with children, we can make a big impact over time."

Cancer Care Nova Scotia played a key role in the formation of the Nova Scotia Alliance for Healthy Eating and Physical Activity. The first step was to go to the Public Health and Health Promotion Division of the Nova Scotia Department of Health with the idea of joining forces. The two organizations then co-sponsored a conference in March 2000, 'Collaborative Action to Promote Healthy Weights in Nova Scotia'. More than 60 people attended, representing government agencies, health organizations, professional associations, education organizations, and food producers and retailers. It was at this conference that young people were identified as the first priority for community action.

"Many young people are not active enough for health benefits, and they're inundated with compelling food advertising that doesn't always promote healthy eating," says Cathy Chenhall, Core Program Co-ordinator for Public Health and Health Promotion. She admits that motivating youngsters to be active and choose healthy foods will be a challenge, especially in a society where there seems to be less time for home-cooked meals and active family leisure time.

> "With so many partners across so many sectors, . . . we're hoping we can prevent a whole range of chronic diseases in the future..."

Cancer Care Nova Scotia and the Public Health and Health Promotion Division of the Department of Health co-sponsored a follow-up conference in November 2000. Nearly 100 people attended 'Communicating for Change: Taking Action for Healthy Eating and Active Living,' which focused on how to develop effective health messages for 10 to 13-year-olds. Participants agreed that working together through a formal alliance would be the best way to develop and communicate a consistent healthy eating, active living message.

The message isn't that young people should strive to be thin, says Judy Jenkins of Dietitians of Canada. "Size is not the issue, health is – and healthy doesn't necessarily mean thin," she says, noting that the Dietitians of Canada recommend that people follow Canada's Guide to Healthy Eating and consume a variety of foods every day. "No one agency can conquer this issue," she adds. "We need to work with partners to engage school boards, teachers, parents, and the community on curriculum and food in the schools issues."

"We're gaining momentum now that the Alliance is in place," says ***Cancer Care's*** Karen Pyra. "With so many partners across so many sectors promoting healthier living, we're hoping we can reduce the risk of cancer and other chronic diseases in the future."

Prevention

Reports Shed Light on Costs of Unhealthy Lifestyles

Cancer Care Nova Scotia commissioned two major reports in 2000: 'Costs of Obesity in Nova Scotia' and 'The Cost of Tobacco in Nova Scotia.' The reports show just how costly these two public health issues are, in human and financial terms.

Costs of Obesity...

According to the report, obesity costs the province $120 million per year in direct health care costs, and as much as $250 million per year when indirect costs such as lost productivity are factored into the equation. The report cites social trends, including a 'junk food explosion, a more sedentary lifestyle, higher rates of stress and overwork, poverty, and nutritional illiteracy' as the root causes of a serious health problem estimated to cause 1,000 deaths each year in Nova Scotia.

The Cost of Tobacco...

Smoking kills about 1,650 Nova Scotians every year. It also costs the Nova Scotia health care system $168 million every year. When productivity losses due to premature death and absenteeism are added to the medical costs, the annual cost to the provincial economy tops half a billion dollars. This report is part of **Cancer Care Nova Scotia's** ongoing efforts with its many partners in the province, to reduce the burden of cancer and other chronic diseases by reducing tobacco use.

CCNS and Partners

The number of people dying from cancer could be reduced by early screening for some diseases. **Cancer Care Nova Scotia** is working with partners to develop new screening programs and boost the impact of existing programs. Our first focus is on cervical cancer.

Fewer than 40 percent of Nova Scotian women get annual PAP tests for cervical cancer, 80 percent is the goal. In partnership with the Nova Scotia Gynaecological Cancer Screening Program (NSGCSP) and a community-based committee in Cape Breton, **CCNS** is supporting an evaluation project to find the best ways to encourage more women to get regular PAP tests. The project involves training women as lay educators in their communities to talk to other women about the importance of PAP screening. It also involves training nurses to give PAP tests. The evaluation covers both components, lay educators and nurses, to see if together they increase the number of women getting regular PAP tests.

Community educators have been trained in Neil's Harbour, Baddeck, Wagmatcook, Whycobah, Strait-Richmond and Guysborough. They reach women with the PAP screening message in many different ways, such as kitchen parties, one-to-one visits, and presentations to community groups. There are eight nurses trained to offer PAP test clinics who work in partnership with the community educators.

CCNS is also working in partnership with NSGCSP and Red Door Teen Health Centre in Kentville. This evaluation project focuses on teens and starting them off in the right direction by making annual PAP tests a way of life for them now and in the future.

For more information, contact Karen Pyra, **CCNS** Prevention Co-ordinator:

Phone: (902) 473-3675 or
Email: cckdp@qe2-hsc.ns.ca

Research

Cancer Research Flourishes

In Partnership with *Cancer Care Nova Scotia*

Population Research Guides Policy & Planning

Without accurate information about how cancer affects Nova Scotians, it would be impossible for governments and health care organizations to respond effectively. They use this information to track and project trends, plan services, allocate resources, and develop public health policy.

The Nova Scotia Cancer Registry has been collecting data since the early 1960's. This database includes information on Nova Scotians who have been diagnosed with cancer. The number of new cases, and how long people live with cancer, are examples of information the registry provides. In addition to informing the public, health professionals, decision-makers and the media about the cancer burden, the Nova Scotia Cancer Registry supports research in such areas as epidemiology and health services. With the right information, CCNS can guide Nova Scotia's cancer system as it responds to the growing cancer burden.

For more information about the Nova Scotia Cancer Registry, call Maureen MacIntyre :

Phone: (902) 473-6084, or
E-mail : ccmmi@qe2-hsc.ns.ca

Research is the engine that drives advances in cancer care, from prevention and screening through diagnosis, treatment and palliation. It is also a magnet that attracts the most talented clinicians and scientists. With support from ***Cancer Care Nova Scotia***, cancer research is gaining focus and new talent.

In the summer of 2000, ***Cancer Care Nova Scotia*** met with members of the research community to find out what needs to be done to create a flourishing research program. Collaboration, infrastructure and communication were identified as three keys to a healthy research program. While basic research was recognized as an area of strength, prevention, early detection, health services, and cancer outcomes research were singled out as priorities for future development. Translational research, which helps put research findings into clinical practice, was another area of importance noted by researchers. These findings will guide the strategic development of cancer research in Nova Scotia.

In addition to its planning role, ***Cancer Care Nova Scotia*** provides financial and administrative support to CaRE (Cancer Research and Education in Nova Scotia). CaRE is a five-year project launched in 1998 to nurture Nova Scotian researchers and students competing nationally for funding.

"We're seeing continuous growth in the numbers of trainees and investigators in all disciplines," says Dr. Jean Marshall, a Dalhousie Medical School immunologist who spearheaded the CaRE initiative along with Dr. Lorna Butler of the Dalhousie School of Nursing. To date, fourteen students have received trainee funding through CaRE, while six established researchers have received operating grants. "The funding is supporting sustainable research," Dr. Marshall says. "We have researchers looking into the molecular and genetic bases of cancer. Others are studying how normal and cancerous cells grow, and how cancer and the immune system interact. Many others are involved in clinical research, health system research, and research to improve the quality of life of cancer patients and their families."

CaRE is co-funded by the National Cancer Institute of Canada, Dalhousie Medical School, the Dalhousie Medical Research Foundation, the Nova Scotia Division of the Canadian Cancer Society and ***Cancer Care Nova Scotia***. Much of ***Cancer Care Nova Scotia's*** $150,000 per year contribution goes to CaRE's research trainee program.

Dr. Mark Nachtigal

"I always had a strong interest in cancer biology..."

With no way to screen for the disease, ovarian cancer silently overtakes a woman's body, often reaching advanced stages and spreading to other organs before it is discovered. Earlier detection would allow an estimated 75 percent of ovarian cancers to be cured, according to Mark Nachtigal, PhD., a 36-year-old molecular biologist who joined Dalhousie Medical School in 1998 to establish a research program in ovarian cancer biology.

One of Mark's main goals is to identify a biochemical marker in the bloodstream that could be used to develop a simple screening test for ovarian cancer. But there is a lot of fundamental work to be done before a diagnostic marker can be identified. "We need to understand the normal cells and how they change as they become cancerous in order to find such a marker," he says, adding that ovarian cancer arises from unknown causes.

A big part of Mark Nachtigal's drive to understand and combat ovarian cancer stems from personal experience. He has seen and felt the devastating effects of the disease due to the loss of several close relatives in recent years. "I always had a strong interest in cancer biology, but that experience gave me a focus on ovarian cancer," he says. "It really kindled my desire to make a contribution to reducing the burden of cancer."

Building a Better Cancer System
From the Ground Up

Cancer Care Nova Scotia began its work in September 1998 – the end result of five years of planning, and the starting point of a truly provincial cancer system.

In the early 1990s, the Metro Hospitals Advisory Council recommended major changes to make cancer services more responsive to patient needs. In 1996, the government's Cancer Action Committee presented '***Cancer Care Nova Scotia***: A Plan for Action' to the Minister of Health. This important document set the direction ***Cancer Care Nova Scotia*** continues to follow. It called for a cancer management strategy guided by three critical touchstones: comprehensiveness, integration and accountability.

Cancer Care Nova Scotia's first board of directors was structured with these three principles in mind. The 35-member board represents every aspect of the cancer system. "Our board includes the Canadian Cancer Society, health care professionals, academics, administrators, volunteers, patients, survivors, and family members," says Peggy Davison, Chair of the inaugural board. "Even though we come from a multitude of backgrounds, we all come with a single purpose – to make a difference in cancer outcomes and statistics in Nova Scotia."

One of the first steps in launching ***Cancer Care Nova Scotia*** was to recruit a chief executive. This person would play three interconnected roles: Commissioner of ***Cancer Care Nova Scotia***, Associate Dean of Cancer Programs at Dalhousie Medical School, and Head of Cancer Care Programs at the QEII Health Sciences Centre. Dr. Andrew Padmos, former CEO of the Kingston Regional Cancer Centre, accepted the position.

The next step was to talk to people all around the province – from caregivers and administrators, to volunteers, patients, and interested members of the public. "Their input helped us find the strengths and weaknesses in the system," Andrew Padmos says. "After a year of consultation, we had a good idea of what needed to be changed and how to change it."

In its second year, ***Cancer Care Nova Scotia*** hired four co-ordinators in the key areas of quality, prevention, education, and communications. "Our focus is on changing every aspect of the system so that the disease will be neither as prevalent nor as daunting to Nova Scotians," says Chief Operating Officer Theresa Marie Underhill. After two short years, the changes are evident. "We're making cancer care more accessible in the community right now," she says. "Such success is motivating for everyone in the system. Making that kind of difference is what keeps us working for a better future in cancer care."

"We have been steadfast to the principle of working with others to achieve a common vision."

Peggy Davison, Inaugural Board Chair, Cancer Care Nova Scotia

Norah Stephen

"A brush with death is the greatest experience a person can have," Norah Stephen says, recalling her feelings after being diagnosed with terminal ovarian cancer in 1974. "I remember walking along Young Avenue, thinking it would be the last time I ever saw those tulips and those trees, and everything seemed to be so much more precious. Well, the preciousness hasn't diminished over the years."

Now, at 87, and following an encounter with breast cancer in 1984, Norah is healthy, active and involved. She sat on the Cancer Treatment and Research Foundation Board during its existence and now sits on the ***Cancer Care Nova Scotia*** *Board. She travels, and spends time with her six children, sixteen grandchildren and five great grandchildren.*

Norah credits surviving the ovarian cancer to her Christian faith; a wonderful physician, Dr. Bob Fraser; her family's confidence in her survival, as shown by the gift of a car for Christmas; and her own sense of humour and fighting spirit.

The chemotherapy made her so sick, she remembers thinking, "God, if this is living, let me die." The turning point came one day when she said to herself, "My Zodiac sign is Cancer, the crab, and down in my abdomen are thousands of crabs, killing me." Then she thought, "I've got this powerful drug that's killing them, and this sickness is a battle." After that, she looked forward to chemotherapy as reinforcements for her army. Once she got the sense that she was working with the treatments – that she was an active participant, not a passive recipient – in her words, "that made all the difference."

Cancer Care Nova Scotia

Board Members

1998-2000

Ms. Elizabeth Barker*, Halifax

Dr. David Bell*, Halifax

Dr. Hunter Blair*, Barrington Passage

Dr. Lorna Butler*, Halifax

Dr. Judith Caines, Halifax

Dr. Alan Casson, Halifax

Dr. Bruce Colwell, Halifax

Ms. Peggy Davison, Halifax, Board Chair

Mr. Robert Francis, Sydney Mines

Ms. Charlene Dill*, Halifax

Ms Judith Fuller, Baddeck

Dr. Douglas Henshaw, Berwick

Dr. Paul Joseph, Halifax

Dr. Gerald Johnston, Halifax

Ms. Janet Knox, Halifax

Ms. Shirley Kyle, Halifax

Dr. Shelagh Leahey, Yarmouth

Mr. Colin Lelliott*, Chester

Ms. Emmie Luther-Hiltz, Hubbards

Dr. Shaun MacCormick, Truro

Dr. Ron MacCormick, Sydney

Ms. Margery MacIsaac*, Halifax

Mr. John Archie MacKenzie, Inverness

Dr. David MacLean*, Halifax

Mr. Jim MacLellan, Antigonish

Mr. Brian McCabe (deceased)*, Sydney

Mr. Jim Meikle, Stellarton

Ms. Ann Miller*, Dartmouth

Ms. Barbara Oke*, Dartmouth

Ms. Brenda Payne, Truro

Mr. Phil Rogers, Halifax

Ms. Diana Schreuer, Dartmouth

Dr. Carol Smillie, Halifax

Ms. Norah Stephen, Bridgetown

Ms. Eve Wickwire*, Halifax

Ex Officio:

Dr. Jeff Scott, Halifax

Dr. Andrew Padmos, Halifax

Ms. Theresa Marie Underhill, Halifax

*Past Board Members